

Return this completed form (pages 1 and 2) by 5:00 p.m., E.D.T., on Tue., May 16, 2006, to:

**OFFICE OF THE UNITED STATES TRUSTEE FOR REGION 2
SOUTHERN DISTRICT OF NEW YORK
33 Whitehall Street, 21st Floor; New York, New York 10004
Tel. No. (212) 510-0500
Fax No. (212) 668-2255**

LLL

CREDITORS' COMMITTEE ACCEPTANCE FORM

Re: Silicon Graphics, Inc. and related bankrupt entities

PLEASE TYPE OR PRINT NEATLY AND CLEARLY:

The undersigned creditor is willing to serve on the Committee of Unsecured Creditors of the Debtors:

- A. UNSECURED CREDITOR'S NAME, ADDRESS, TELEPHONE AND TELECOPY NUMBERS;
REPRESENTATIVE'S NAME, POSITION AND E-MAIL ADDRESS:
- B. NAME OF COUNSEL (if any) FOR CREDITOR, ADDRESS, TELEPHONE NUMBER, TELECOPY
NUMBER, AND E-MAIL ADDRESS:
- C. IF YOU ARE REPRESENTED BY COUNSEL, DOES YOUR ATTORNEY REPRESENT ANY OTHER
PARTIES IN THIS CASE. ____ YES. ____ NO. IF YES, PLEASE LIST THE OTHER PARTIES.
- D. PLEASE INDICATE WHETHER YOU HAVE GIVEN A PROXY TO YOUR ATTORNEY IN
CONNECTION WITH YOUR CLAIM. ____ YES. ____ NO. (If you have given a proxy to your
attorney, please provide a photocopy of the proxy along with this Creditor Committee
Acceptance form on or before the organizational meeting)
- E. AMOUNT OF UNSECURED CLAIM (**List only the claim held in your name. Do not list
any amounts held on account of third-parties. You will be required to certify the
amount of your claim at the Organizational Meeting, and the United States Trustee
may require updates on your certification while the bankruptcy case is pending:**

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F. CLAIM ASSERTED AGAINST WHICH DEBTOR:

G. TYPE OF CLAIM (i.e., Trade, Bank, Note, etc. If a Noteholder, please identify which issuance of notes is held. **Noteholders wishing to serve as fiduciaries on any statutory committee are advised that they may not trade while they are committee members. By submitting this form, noteholders agree to this prohibition.**):

H. IF CREDITOR HAS PROPERTY OF THE DEBTOR IN ITS POSSESSION, HAS A SECURED CLAIM, OR HAS MADE A UCC 2-702 RECLAMATION, PLEASE INDICATE:

G. IF HOLDER OF CLAIM IS AN OFFICER OR DIRECTOR OF ANY DEBTOR, INDICATE POSITION:

H. IF HOLDER OF CLAIM IS RELATED TO ANY DEBTOR, ANY OFFICER OR DIRECTOR OF ANY DEBTOR, OR A PERSON IN CONTROL OF ANY DEBTOR, INDICATE RELATIONSHIP:

I. DOES THE TOTAL AMOUNT OF YOUR CLAIMS AGAINST THE DEBTOR CONSTITUTE A DISPROPORTIONATELY LARGE PORTION OF YOUR GROSS ANNUAL REVENUE?
___ YES. ___ NO.

IF YOU ANSWERED YES, WHAT PERCENTAGE OF YOUR GROSS ANNUAL REVENUE DOES THE TOTAL REPRESENT?

DATE:

SIGNATURE:

**PRINT NAME AND TITLE OF
PERSON COMPLETING FORM:**

- KINDLY ANSWER ALL QUESTIONS SO THAT THIS FORM CAN BE PROCESSED PROPERLY WITHOUT DELAY.
- THIS IS NOT A PROOF OF CLAIM FORM. PROOFS OF CLAIM ARE FILED WITH THE CLERK OF THE BANKRUPTCY COURT, NOT WITH THE UNITED STATES TRUSTEE.